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FORM D

PROCESSED AUG 1 1 2008

THOMSON REUTERS

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. Estimated hours per re

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	July 31, 2008				
Estimated aver	rage burden				
hours per respon	se16.00				

SEC USE ONLY						
Prefix	Serial 					
DATER	ECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series C-1 Preferred Stock Financing	SE6 Mail Processing
	LOE Section
Type of Filing: New Filing Amendment	AUG ስቴ ያስበዝ
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Canopy Financial, Inc.	101
Address of Executive Offices (Number and Street, City, State, Zip Code) Tele	phone Number (Including Area Code) 060-4700
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Tele (if different from Executive Offices)	ephone Number (Including Area Code)
Brief Description of Business Healthcare and financial services	
Type of Business Organization Corporation Imited partnership, already formed business trust limited partnership, to be formed	08057482 Decify):
Month Year Actual or Estimated Date of Incorporation or Organization: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

	X	Promoter	X	Beneficial Owner	X	Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)					, ,	<u> </u>	
Kashyap, Vikram									
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	de)				
201 Spear Street, Suite 160	0, Sar	rancisco,	CA 9	4105					
Check Box(es) that Apply:	X	Promoter	X	Beneficial Owner	X	Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)							
Blackburn, Jeremy									
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	de)	· · · · · · · · · · · · · · · · · · ·			
201 Spear Street, Suite 160	0, Sar	n Francisco,	CA 9	4105					
Check Box(es) that Apply:	X	Promoter	X	Beneficial Owner		Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)				•			
Banas, Anthony									
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	de)				
230 W. Monroe, Suite 2300), Chi	cago, IL 606	606						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first, i	if indi	vidual)							
Powers, John									
Business or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	de)				
			;						
2863 Pacific Ave., San Fran	ncisco	o, CA 94115							
2863 Pacific Ave., San Fran Check Box(es) that Apply:	ncisco	Promoter	X	Beneficial Owner		Executive Officer	K	Director	General and/or Managing Partner
		Promoter		Beneficial Owner		Executive Officer	K	Director	
Check Box(es) that Apply: Full Name (Last name first, i		Promoter		Beneficial Owner		Executive Officer	X	Director	
Check Box(es) that Apply:	☐ if indi	Promoter	X			Executive Officer	K	Director	
Check Box(es) that Apply: Full Name (Last name first, i Solomon, Glenn	if indi	Promoter vidual) Number and	Stree	t, City, State, Zip Co	ode)		×	Director	
Check Box(es) that Apply: Full Name (Last name first, i Solomon, Glenn Business or Residence Addre	if indi	Promoter vidual) Number and	Stree	t, City, State, Zip Co	ode)			Director	
Check Box(es) that Apply: Full Name (Last name first, i Solomon, Glenn Business or Residence Addre Granite Global Ventures, 2	if indi	Promoter vidual) Number and and Hill Ro Promoter	Stree ad, Si	t, City, State, Zip Co aite 100, Menlo Parl	ode)	94025			Managing Partner General and/or
Check Box(es) that Apply: Full Name (Last name first, in Solomon, Glenn Business or Residence Addressing Granite Global Ventures, 2: Check Box(es) that Apply: Full Name (Last name first, in the solution)	if indi	Promoter vidual) Number and and Hill Ro Promoter	Stree ad, Si	t, City, State, Zip Co aite 100, Menlo Parl	ode)	94025			Managing Partner General and/or
Check Box(es) that Apply: Full Name (Last name first, i Solomon, Glenn Business or Residence Addre Granite Global Ventures, 2 Check Box(es) that Apply:	if indi	Promoter vidual) Number and and Hill Ro Promoter vidual)	Stree ad, St	t, City, State, Zip Co aite 100, Menlo Parl	ode) k, CA	94025			Managing Partner General and/or
Check Box(es) that Apply: Full Name (Last name first, in Solomon, Glenn Business or Residence Address of Granite Global Ventures, 2: Check Box(es) that Apply: Full Name (Last name first, in Granite Global Ventures	if indi	Promoter vidual) Number and and Hill Ro Promoter vidual)	Stree	t, City, State, Zip Co nite 100, Menlo Parl Beneficial Owner t, City, State, Zip Co	ode) k, CA	94025			Managing Partner General and/or
Check Box(es) that Apply: Full Name (Last name first, in Solomon, Glenn Business or Residence Address Granite Global Ventures, 2: Check Box(es) that Apply: Full Name (Last name first, in Granite Global Ventures) Business or Residence Address	if indi	Promoter vidual) Number and and Hill Ro Promoter vidual)	Stree	t, City, State, Zip Co nite 100, Menlo Parl Beneficial Owner t, City, State, Zip Co	ode) k, CA	94025			Managing Partner General and/or
Check Box(es) that Apply: Full Name (Last name first, in Solomon, Glenn Business or Residence Addrew Granite Global Ventures, 20 Check Box(es) that Apply: Full Name (Last name first, in Granite Global Ventures) Business or Residence Addrew 2494 Sand Hill Road, Suite	if indi	Promoter vidual) Number and and Hill Ro Promoter vidual) Number and Menlo Park Promoter	Stree ad, St Stree	t, City, State, Zip Conte 100, Menlo Parl Beneficial Owner t, City, State, Zip Con	ode) k, CA	94025 Executive Officer		Director	Managing Partner General and/or Managing Partner General and/or
Full Name (Last name first, in Solomon, Glenn Business or Residence Addres Granite Global Ventures, 2 Check Box(es) that Apply: Full Name (Last name first, in Granite Global Ventures Business or Residence Addres 2494 Sand Hill Road, Suite Check Box(es) that Apply: Full Name (Last name first, in Solomon)	Griff indi	vidual) Number and and Hill Ro Promoter vidual) Number and Menlo Park Promoter	Stree ad, St Stree	t, City, State, Zip Conte 100, Menlo Parl Beneficial Owner t, City, State, Zip Con	ode) k, CA	94025 Executive Officer		Director	Managing Partner General and/or Managing Partner General and/or
Check Box(es) that Apply: Full Name (Last name first, in Solomon, Glenn Business or Residence Address Granite Global Ventures, 2 Check Box(es) that Apply: Full Name (Last name first, in Granite Global Ventures Business or Residence Address Business or Residence Address 2494 Sand Hill Road, Suite Check Box(es) that Apply:	ss (494 S if indi	Promoter vidual) Number and and Hill Ro Promoter vidual) Number and Menlo Park Promoter	Stree	t, City, State, Zip Co nite 100, Menlo Parl Beneficial Owner t, City, State, Zip Co 94025 Beneficial Owner	ode)	94025 Executive Officer		Director	Managing Partner General and/or Managing Partner General and/or

of

	B. INFORMATION ABOUT OFFERING								
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								
2.	2. What is the minimum investment that will be accepted from any individual?								
3.									
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								
Ful	Name (Last name first, if individual)								
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)								
Na	ne of Associated Broker or Dealer								
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers								
	(Check "All States" or check individual States)	🔲 Al	ll States						
	AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI	MS OR WY	MO PA PR						
Ful	Name (Last name first, if individual)								
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)								
Na	ne of Associated Broker or Dealer								
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers								
	(Check "All States" or check individual States)	🔲 Al	II States						
	AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI	HI MS OR WY	ID MO PA PR						
Fui	l Name (Last name first, if individual)								
Bu	Business or Residence Address (Number and Street, City, State, Zip Code)								
Na	ne of Associated Broker or Dealer								
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers								
(Check "All States" or check individual States)									
	AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI								

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		aggregate fering Price	A	amount Alre Sold	ady
	Debt	\$	 	\$_		
	Equity	s_ _	8,000,000.58	\$_	8,000,000	0.58
	☐ Common ☑ Preferred					
	Convertible Securities (including warrants)					
	Partnership Interests					
	Other (Specify)					
	Total	\$	8,000,000.58	\$_	8,000,000	0.58
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Aggregat Dollar Amo of Purchas	unt es
	Accredited Investors				8,000,00	
	Non-accredited Investors	0		S		0.00
	Total (for filings under Rule 504 only)	_		\$		
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering		Type of Security		Dollar Am Sold	ount
	Rule 505			S	<u> </u>	
	Regulation A			S		
	Rule 504			\$;	
	Total			S		
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$_		
	Printing and Engraving Costs			\$_		
	Legal Fees			\$_	52,00	00.00
	Accounting Fees			\$		
	Engineering Fees		_	S _		
	Sales Commissions (specify finders' fees separately)		_	\$		
	Other Expenses (identify) Filing fee			S _	30	00.00
	Total		_	\$	52,30	00.00

	b. Enter the difference between the aggregate offering	ng price given i	n response to Part C — Que	stion I	
	and total expenses furnished in response to Part C — Q proceeds to the issuer."	uestion 4.a. T	his difference is the "adjuste	d gross	\$ 7,947,700.58
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part 6	purpose is no the payments li	t known, furnish an estim isted must equal the adjuste	ate and	
				Payments to Officers, Directors, & Affiliates	
	Salaries and fees			S	_ D \$
	Purchase of real estate				
	Purchase, rental or leasing and installation of mach and equipment	iinery 		S	[]\$
	Construction or leasing of plant buildings and facil	lities			_ 🗆 🖫
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities	of another	S	□ \$
	Repayment of indebtedness				
	Working capital			 -	
	Other (specify):				
				 	\$
	Column Totals				
	Total Payments Listed (column totals added)	•••••		x \$_	7,947,700.58
		D. FEDER	AL SIGNATURE		
sis	e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accr	nish to the U.S	. Securities and Exchange	Commission, upon wri	Rule 505, the following tten request of its staff
lee	suer (Print or Type)	Signature		Date	-
	nopy Financial, Inc.	1/://	X	July 31 , 2008	
_	ame of Signer (Print or Type)	Title of Sign	er (Print or Type)		
	kram Kashyap	Chief Execu	• • • •		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)